STATE OF MARYLAND	CERTIFICATE OF DEATH 09969
1. PLACE OF DEATH	(82-d)
County Carlos	Registration Dist. No. 6
Village or City Man Deules	ND. St., W (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or own where death occurredyrs	mosds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME Solue Dacs	ek.
(a) Residence: No. Deutan B to 1	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (write the way	(d) Oct 3rd 193 \$
. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF ZICKER SACSER	1 HEREBY CERTIFY That I attended deceased,
DATE OF BIRTH (month, day, and year) Teat. 372 18	2 Llast saw h 200 alive on Let 3 , 193 ; death is
AGE Years Months Days If LESS to	and the state of t
I day,	ware as follows.
8 Trade profession or particular	1 Singypes . M. Siler Date of et
SAWYER, BOOKKEEPER, etc.	
9 Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dato deceased last worked at this occupation (month and	
this occupation (month and 1935 spant in this occupation	Tue.
	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town) (State or country)	A
13. NAME Paul Books of.	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Alekan Parous	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
INFORMANT GOE BACSAR	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Burial, Cremation, Or Bemoval	
Piace delle Crose Date OC 5, 19	Manner of injury
O. UNDERTAKER Q. Viegil Moore (Address)	24. Wes disease or injury in any way related to occupation of deceased?
10 1 22 9. 10 10 40	(Signed) Trylun Market
FILED 10 - 4 19 19 / los N 4 / Cicy	(organica)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV A 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1997)
1. PLACE OF DEATH	(159)
County Cult Oli 1	Registration Dist. No. 6 H
Village or City Leder alsung 19	Mono. C. 7. Ward
Length of residence in city or town where death occurredyrs,mes	death occurred in a horpital or institution, give its NAME instead of street and number) Alexander long in U.S. if of foreign birth?
2. FULL NAME Daty, Boy, 18	le fly
(a) Residence: No.	7 St., Montra A. 12
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 6. DIVORCED (write yla word)	21. DATE OF DEATH / 15- 1933 -
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of Orly WIFE of Orly WIFE of	22/ I HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, and year) OC 14 1433.	I lest saw M. A.A. elive on Oct 4, 1933; death is seld
7. AGE Years Months . Days If LESS than	to have occurred on the date stated above, at 11.2016
1 day 2	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or pertinutes	were as follows:
NOTE TO SENTING THE STATE OF TH	Tre Matherity Throwthan
9. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
batt III fill?	
yaar) focupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - FLACEURS LECTY PMOI,	
(State or country) R. F.S.	
13. NAME (MUS) Dett	
13. NAME (SNO) DIE HT. 14. BIRTHPLACE (city or town Lesser Co., Del -	Name of operationDate of
(State of country)	What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME KLASS CLIP CA TT	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
State or country)	Whera did injury occur?
17. INFORMANT Class as Joseph Julies (Address) Francisco Ling (MA)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Mc College Chapel Del Oate Vet. 16", 1933	Nature of injury
19. UNDERTAKER 5. T. Framptom & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) tederal grupa, Md.	If so, specify
20. FILEO. Oct. 15", 1933 5. 5. Fram ton	(Signed) M. D. (Address) Agellulaling Ingl.
₩egistrar.	(Audiess)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAU V. S.	η \]		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTL properly classified. FOR BINDING TH UNFADING INK-THIS IS A PERMANE TION is very important. See instructions on back of certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

V. S. No. 1 N. B.—

1. PLACE OF DEATH	CERTIFICATE OF DEATH 09971
County Caroline	Registration Dist. Np. 6
Village or City Lederals Sura	ND. St., Ward
$O_{i} = O_{i}$	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Helen Briggs,	
(a) Residence: No. Tederals Jux a. Md	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale. Colored. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oto Ver. 14th, 1933 (Month) (Dey) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Harold L. Brigas.	22. O HEREBY CERTIFY, That I attended deceased from
to the color of th	July // 1927, to OCI 14 , 1953
6. DATE OF BIRTH (month, day, end year) Lugust, 28" 1899	ast sew h elive on OCT- 14, 19.33; death is said
7. AGE Years Months Deys If LESS then 1 day,hrs.	to have occurred on the date stated above, et. 45.3.0.45 m.
37 1 1 0 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, House-work SAWYER, BDDKKEEPER, etc.	TAX L'E A.C. 11
4 9. Industry or business in which	Control Megacy, Tarion.
work wes done, as SILK MILL, SAW MILL, BANK, etc	acid 147 few nongeon:
	0/
year) 32 at 1933 occupation by the	Other Contributory Carees of importance:
12. BIRTHPLACE (city or town) LQS Tom. (State or country)	acul Helmonary
	Oldema.
E	Non
14. BIRTHPLACE (city or town) Was 10 11. (State or country)	What test confirmed diagnost the factor from t
I 15. MAIDEN NAME Dexine	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Alexine 16. BIRTHPLACE (city or town) Fasten.	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Harold To Briggs (Address) Federal Shura Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Federals Sura Md. Date DCT. 16", 1933	Neture of injury
19. UNDERTAKER 5. T. Franzistom & Son.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Tederals Surg. Nd	If so, specify
20. FILED VET. 15", 1923 5. 5 Fram From, Registrar.	(Signed) LO GERMAN MO. (Address) Fecles Colored Manual.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANEN mation should be carefully supplied. AGE should be stated EXACTL properly classified. FOR BINDING MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be

N. B.—WRITE PLAINLY,		1
WRITE	PLAMLY,	
	-WRITE	

1	L. PLACE OF DEATH County Carcoline			Registration Dist. No. 6	3312
	Village or City Mear Feder	ralslur	0 (1	St.,NOSt.,Steach occurred in a hospital or institution, give its NAME instead of street and	
2	Length of residence in city or town whare de C. FULL NAME Salar (a) Residence: No. 5'e dex al	Soura (Usual placeto	enne E.A. B.N.	St., Ward. If nonresident give city or town an	
	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	O District
3. 5	SEX 1. Color OR RACE Cored	5. SINGLE, MARE OR DIVORCED	(qurite the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>3</u> (Year)
5a.	If married, widowad, or divorcad HUSBAND of (or) WIFE of		9	22. I HEREBY CERTIFY, That I attended	
-		दा. 31"	1933	I last saw h aliva on see baby, 19	; daath is se
8	AGE Yaars Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:	Date of onse
TION	8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Still-Born	
OCCUPAT	work wes done, as SILK MILL, SAW MILL, BANK, atc	1			
0	10. Date decaased last worked at this occupation (month and year)	11. Total tir span occur	ne (years) t in this pation		
12.	BIRTHPLACE (city or town) Caral. (State or country)	ire Co.	trid.	Othar Contributory Causes of Importanca:	
ER	13. NAME Clipton H	lamin	and.		
FATH	14. BIRTHPLACE (city or town)	olive C	0,	Name of operation Data of	
1-	(Stata or country)	V)	Trid.	What tast confirmed diagnosis? Was there an	au'opsy?
MOTHER	15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Rine C	urnel,	23. If daath was dua to external causes (VIOLENCE) fill in also the followir Accident, suicida, or homicide? Date of Injury Whara did Injury occur?	
17.	INFORMANT Hilda Wr (Address) 3's der als fur	Brus.	mul. R.F.B	(Specify city or town, county and St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18.	BURIAL, CREMATION, OR REMOVAL R.F.	hid bet	31",1933	Manner of injury	
19.	UNDERTAKER State and	Low &	Sey Lud,	24. Was disease or injury in any way related to occupation of decaased?	
20.	FILEO bet. 31", 1933 5-	5. Fran	Registrar.	(Signad) 5.5. Frampton Regi	strarm.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	8543	July 5,1927	Peritonitis	3 days ago
	BURRAU V. S.	3		
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

MON is very important.

N. B.—WRITE PLA

V. S. No. 1

should state item of infor-

OCCUPA-

Jo

	CERTIFICATE OF DEATH	9973
1. PLACE OF DEATH	(131)	. /
County Courseline	Registration Dist. No.	2
Village or City Ventures		Ward
(II	f death occurred in a hospital or institution, give its NAME instead of street an	Ward number)
Length of residence in eity of town where death occurredyssmos	sds. Hery long In U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME Surau Vebluce	atoarroll	
(a) Residence: No. Wenton	St., Ward.	
(Usual place of abode)	If nonresident give city or town a	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
3. SEX COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	1	
(or) WIFE of	22. I HEREBY CERTIFY. That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	1 last saw h_la_alive on detertion 14 ,1933	; deth is said
7. AGE Years Months Deys If LESS than	to heve occurred on the date stated above, at of the me.	
72 // l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10
8. Trade, profession, or particular		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Maria morarditis	6931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	durais negliation	1930
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10-Date deceased last worked at this occupation (month and year) year)		
12. BIRTHPLACE (city or town) Lear Deuleu	Other Contributory Canses of Importance:	
(State or country)	di titili all'I	4454
13. NAME Volume W Garrall 14. BIRTHPLACE (city or town)	. Dum affingue aunis	1930
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there a	n autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Chate or country)	23. If death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	•
(State or country)	Where did Injury occur?	, 13
17. INFORMANT Aus Eurory January (Address)	(Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC I	tate) PLACE.
18. BURIAL, CREMANION, OR REMOVAL	*****	
Place A Secretary Date Oct / 19 33	Manner of Injury	
0 7	Nature of Injury	
19. UNDERTAKER // // // // // // // // // // // // //	24. Was disease or injury in any way related to occupation of deceesed?_	m
(Address)	If so, specify	
20. FILED 10-18 19 3 3 /m, A 9 / mgl	(Signed) Law Musto	M. D.
Registrar.	(Address) Muslam Mis	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CELVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage: NOV 4 1933	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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8/2	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(186-0)
county Caroline	Registration Dist. No. 6
Village or City Nar Tederaleburg, 1. 1. D.	No. St., Ward
(It	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
0 0,0 0	Sins
	St. Ward.
(a) Residence: No. Federals Luxa Md, (Usual place of Opde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIEY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Noss, 30" 1933	I last saw h & y alive oh 3 , 1933; death is said
7. AGE Years Months Days I LESS then	to have occurred on the date stated above, at 10:30 P-m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
9 Trade profession or particular	Mere as lonows.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Lundo Colorades a 2 not
9. Industry or business in which work was done, as SILK MILL,	1
SAW MILL, BANK, atc	
O TO. Date deceased last worked at this occupation (month and year) year)	
71.00	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) TRALICATED UNG. (State or country)	
- 10	
4 14. BIRTHPLACE (city or town) 5.45ton. (State or country)	Name of operation Data of Whet test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Margaret G. Manison	Whet test confirmed diagnosis?
5 0 0	Accidant, suicide, or homicide?
O 16, BIRTHPLACE (city or town) COXOO 30. (State or country)	Where did injury occur? Phillips lung 177
17. INFORMANT Mrs. George E. Collins (Address) Federals Rura Md	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Dulle
Place Easton, Md. Date Oct. 3, 1933	Nature of injury
19. UNDERTAKER S. T. Fram Stom & Son, (Address) Federals Sung Md.	24. Was disaese or injury in any way ralated to occupation of deceased?
20 FILED Vet, 2", 1933 5.5. Fram tom, Registrar.	(Signed) September M. D. (Address) of Debutiers And
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER SI	ALEMENIS	DI PHISICIA	111	

PHYSICIANS should state Exact statement of OCCUPA-RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING WITH UNFADING INK-THIS IS A PERMANE TION is very important. N. B.—WRITE PLAINLY,

V. S. No. 1

See instructions on back of certificate.

1	. PLACE OF		OF MAR	YLAND—	CERTIFICATE OF DEATH	9975
	County	Carolin	e		Registration Dist. No. 6	3
	Village or Ci	ityBe	thlehem R	(1)		nd number)
2		ME Baby				
	PERSON	AL AND STATIS		of abode)	If nonresident give city or town MEDICAL CERTIFICATE OF DEATH	
3.	SEX Female	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCEI	RIED, WIDOWED,) (write the word)	21. DATE OF DEATH OF 9	, 193
5a.	If married, widowe HUSBAND of (or) WIFE of		Infant	COTTO	22. I HEREBY CERTIFY, That I attend	(Year)
-	DATE OF BIRTH (month, day, and year) rs Months	October	9th 1 If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	; death is said
OCCUPATION	SAWYER, 9. Industry or the work was SAW MILI 10. Date decease this occup	ork done, as SPINNER, BOOKKEEPER, etc business in which done, as SILK MILL, L, BANK, etc d last worked at aation (month and	11. Total ti			
	BIRTHPLACE (city		ethlehem,	1	Other Contributory Couses of importance:	
FATHER	13. NAME 14. BIRTHPLACE (State or	(city or town)	Coulby Easton,		Name of operation	an autopsy?
MOTHER	(State or	(city or town)S	Legates ethlehem, Md		23. If death was due to external causes (VIOLENCE) fill in also the followable followable for homicide?	, 19
	(Address) BURIAL, CREMATI	Ea	s Coulby ston. Md.	•	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	Place	eford, Md		10/ ,19 33	Nature of injury	
f9.	UNDERTAKER (Address)	W. H. H.1 (12, 123 /	Preston,	Md.,	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address)	WM.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1,000	6		
I Max	14		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA--WRITE PLAINLY, TH UNFADING INK-THIS IS A PERMANE mation should be carefully supplied. AGE should be stated EXACTE CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 099	76
1. PLACE OF DEATH	930	
County Carollell	Registration Dist. No.	
Village or City A Vellace	No. St., death occurred in a horpital or institution, give its NAME instead of street and n	Ward
Length of residence in city or town the detter the length of residence in city or town		
2. FULL NAME STELL Coloured Virge	o Hister	
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE While S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>.</u> (Year)
5a. If married, widowed, or divorced HUSBAND of - (er) WIFE of January History	22. July 3 1924, to Detates 26	deceased from
6. DATE OF BIRTH (month, day, and year) Hele 10. 1879	I last saw h _ sin_ alive on _ Octor 25 , 1933	; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Raturil Physics SAWYER, BOOKKEPER, etc. Raturil Physics Common Sawyer, BOOKKEPER, etc.	acute payorarditis	Du tioner
9, industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	-A	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 1929 11. Total time (years) spant in this occupation occupation	Chimic Nigocardles	1929
12. BIRTHPLACE (city or town) Zelay Deletage	Other Contributory Causes of importance:	
(State or country) 13. NAME	neellefts (Defections) arthriles	1928
14. BIRTHPLACE (city or town)	Name of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au	u¹opsy?
15. MAIDEN NAME Zeedte Nielson 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANTALIA MELLIS JOSEPH (Address)	Where did injury occur?	CE.
18. BURIAL, CREMATION, OR REMOVAL Place Quilau Quidate Oct 28, 19.3.3	Manner of injury	
19. UNDERTAKER CAddress) Cargal Caron		w
20. FILED 10 - 2 7 , 1933 7 10, A & Lung (Registrar.	(Signed) Stoul Thirth (Address) Deuton MA	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis NOV 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:	2-1-1-11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLAC	E OF DEATH			93-0	4-
Count				Registra	tion Dist. No.63
Villag	e or City P	reston, M	d.,	No. f death occurred in a hospital or institution, give its N fighthal or institution, give its N fighthal or institution, give its N	St., Ward
Length	of residence in city or town wh	ere daath occurred	(II yrs,mos	f death occurred in a hospital or institution, give its N sds. How long in U, S. if of foreign birth	AME instead of street and number) 1?dsds.
2. FULL	. NAME Mart	ha Foster			
(a) R	esidence: No.	(Usual place	of abode)	St., Ward.	ident give city or town and State
PER	SONAL AND STATI			MEDICAL CERTIFIC	ATE OF DEATH
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	
	. widowad, or divorced			1	
(or) WIF	E of			22. A HERETY CERT	IFY, That I attended decaasad from
6. DATE OF E	BIRTH (month, day, and year)	October 2	8. 1914	I last saw h Valive on A	19 3 death is said
7. AGE	Years Months		If LESS than	to have occurred on the date stated above, at	10 A m.
	18 11	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	
8. Trada	, profession, or particular nd of work dona, as SPINNER,	7.7		0	Date of onset
E SI	AWYER, BOOKKEEPER, etc try or business in which	House	WORK	prome my	reardely (m)
UP S	ork was done, as SILK MiLL, AW MILL, BANK, etc			J	
0 10. Date	deceased last worked at	sna!	ime (years) nt in this	0 0	/
ya	nar)	9-33-1 occ	pation	Other Contributory Causes of importance:	V/2
		eston, Md	• • •	Garone Valuera	to flow 1 mo.
	or country)	nt an		-	
13. NAME					V
MA 14. BIRTH	IPLACE (city or town) State or country)	Preston,		Name of operation	7
₩ 15. MAID	EN NAME Arzel	la Murray		What test confirmed diagnosis? 23. If death was due to external causas (VIOLENG	
15. MAID	IPLACE (city or town)	Preston.		Accidant, suicide, or homicide?	the state of the s
Σ (S	State or country)	Md.,		Where did injury occur?	
17. INFORMAN	11	Foster ton, Md.,		Specify whether injury occurred in INDUSTRY,	ity or town, county and State) in HOME, or in PUBLIC PLACE.
	REMATION, OR REMOVAL		/a -1	Manner of injury)
Place_	Mt. Pleasant	Data	14. / 19. 3	Nature of injury	1. 1.
19. UNOERTAI	KER W. H. H	ollis & S	on	24. Was disease or injury in any way related to	occupation of decaasad?
(Addra	ess) Pr	eston, Id	• ;	If so, specify	Juilla +
20. FILEO	UN 13, 1933 A	has Both	Registrar.	(Signed) 203 W C	hurch St M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state ORD. Every item of infor-

OCCUPA-

of

Exact statement

properly classified. stated EXACT

AGE should be

mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

certificate.

of

See instructions on back

TION is very important.

FAT

14. BIRTHPLACE (city or town). (State or country)

16. BIRTHPLACE (city or town)

15. MAIDEN NAME

-WRITE PLA

m

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09978
1. PLACE OF DEATH	
County Caroline.	Registration Dist. No.
Village or City Mear Chestrut Grove,	
Village of City Mear L Vies Man 1 N. LOW E	MoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sames T. Kemb	
- 00	St., Ward.
(Usual place on abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mare. Write OR DIVORCED (write the word)	Verster 2 1933
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Rhoda Kenno, deed	22. I HEREBY CERTIFY That attanded daceased from
	103) 100 UCT 2 19
6. DATE OF BIRTH (month, day, and yaar) Fe 8. 7" 1846	last saw h/ 1 alivo on G , 192; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date statad above, at 7-30 Pm.
87 7 25 ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were a follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Owaw- Vas Cular
SAWYER, BODKKEEPER, atc. 1211120 TOTOLEY	1) 12/250
2. Industry or business in which work was dona, as SILK MILL,	Genal Distan
SAW MILL, BANK, atc	
10. Date decassad last worked at this occupation (month and 1933) spant in this occupation.	
0 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ousset Co.	21 - 1 - 1 - 1
(State or country)	simming Vecuma
13. NAME No information	//

MOTHER (Stata or country) Spacify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Nature of injury 24. Was diseasa or injury

(Signed)

Was there an autopsy?

(Specify city or town, county and State)

If so, specify

Nama of operation

What tast confirmed diagnosis?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MOV 6 1033			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

PHYSICIANS should state RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTL MARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TH UNFADING INK-THIS IS A PERMANE See instructions on back of certificate. AGE should be mation should be carefully supplied. TION is very important. -WRITE PLAINLY V. S. No. 1 N. B.

20. FILED Och 30, 1933

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Caroline	Registration Dist. No. 43
Village or City Progt on	Al.
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
A SALE OF THE PROPERTY OF THE	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gustav J. Plutschak	
(a) Residence: No. Preston	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH 29 193 (Month) (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Merie Plutschak	22. Ful. 1 HEREBY CERTIFY That attended deceased from
7. AGE Years Months Days If LESS than 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as sollows: Date of oneset Other Contributory Causes of Importance: Name of operation Date of
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Marie Plutschak (Address) Preston, Md., 18. BURIAL, CREMATION, OR REMOVAL PlaceLinchester Date Oct 30, 19 33	What test confirmed digness (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
19. UNDERTAKER W. H. Hollis & Son (Address) Prost on Wd	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

if so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 10			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

[10] [14] [14] [15] [15] [15] [15] [15] [15] [15] [15	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19980
1. PLACE OF DEATH	(30)
county Caroline	Registration Dist. No. Le H
Village or City Mear 5's derassura R.F. E.	> _NoSt.,Ward
Length of residence In city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. If of foreign birth?yrsmos ds.
2. FULL NAME Solin T Prattis	
(a) Residence: No. Federal & Surg. Md. R. F. D	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE Colored, S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH Vetover, 21st, 1933 (Month) (Month)
5a. If married, widowed, or divorced HUSBANO of E	22. HEREBY CERTIFY That attended deceased from
(or) WIFE of Kanna trattis	22. I HEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) Quaust, 12th 1864	Plas saw h / 11 alive on Juff 300 1933 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at. 8 - H - m.
69 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as isolows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	houden the to land
SAWYER, BOOKKEEPER, etc. Farme 1	Coo social us cecal
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Genal Corrage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Caroline Co.	Other Contributory Causes of importance:
(State or country)	
II 13. NAME adam Prattis	4-64
14. BIRTHPLACE (city or town) Caroline Co	Name of operation Oate of
(State of country)	What test confirmed diagnosis for Cal find Wastfiore an autopsy?
15. MAIOEN NAME Frances Brummers 16. BIRTHPLACE (city or town) Caroline Car	23. If death was due to external causes (VIOL NCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Caroline Ca.	Accident, suicide, or homicide?Date of injury19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Emma Prattis	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Federal Sura Md. R.F. 13	
Place Federale Burg Md Date Oct 23rd 1933	Nature of injury
19. UNDERTAKER J. T. Tramptom & Son	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO UET 23", 1933 D. J. Framptom. Registrar.	(Signed) (Address) Address (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II	1	Example I
principal cause of death and related causes Date of onset mportance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
ek of epilepsy 1 week ago	1915	Arteriosclerosis
over by street car 1 week ogo	1921	Chronic interstitial nephritis
tonitis 3 doys ogo	July 5,1927	Cerebral hemorrhage
		BURRAU V.S.
er contributory causes of importance:		Other contributory causes of importance:
roenteritis 1 year	Moy 1,1923	Gollstones
	Moy 1,1923	

FOR BINDING

SIAILO	F MARYLAND-	CERTIFICATE OF DEATH	09981
1. PLACE OF DEATH		(22-62)	
County Carole	l_	Registration Dist. No.	66
Village or City Freday	ley	NoS	st.,Ward
Length of residence in city or town where de	eth occurred 15 yrs mos	death occurred in a horpital or institution, give its NAME instead of street. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Benja	Charles Thousand	le Giobands.	
(a) Residence: No.	and grand	St Ward.	
	(Usual place of abode)	If nonresident give city or tov	vn and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	TH
cually 4. color or RACE while	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCC 29 101 (Month) (Oay)	, 193 <u>3</u> (Yeer)
a. If married, widowed, or divorced HUSBAND of	- 1 0	22. A I HEREBY CERTIFY Thet Latt	
mary pm	ma Rickards	Get 17 19 33 10 Oct	29 1933
. DATE OF BIRTH (month, day, end year)	t: 200 185	Plast saw heir alive on act 29 19	3.3 death is said
AGE Years Months	Days If LESS then	to have occurred on the date stated above, at . Z	
13	8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			Date of onset
SAWYER, BOOKKEEPER, etc.	acceo	P.1	1932
9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Cebral Hemorrhage	Get
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9: Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	11. Total time (years) spant in this		
year)	occupation	Other Cuntributory Causes of importance:	
2. BIRTHPLACE (city or town)	cown	A.	
(State or country)	aware -	Meus Selusis	1930
13. NAME Seur 3	ceparas		
14. BIRTHPLACE (city or town) (State or country)	Alofanon /		e of
15. MAIDEN NAME Charter	Sel Tourist	What test confirmed diagnosis? Was the	
Zjazano i	Danta	23. If death was due to externet ceuses (VIOLENCE) fill in elso the fol	
16. BIRTHPLACE (city or town) (State or country)	Misland	Accident, suicide, or homicide? Dete of injury Where did injury occur?	
Zanta Cari	e the land	(Specify city or town, county as Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBL	nd State)
(Address)	Muller aure	openly whether injury occurred in INDUSTRI, in NOME, of IN PUBL	IC PLACE.
B. BURIAL, CREMATION OR REMOVAL	NOV.	Manner of Injury	
Place Neullaw Purk	Date 19 33	Nature of Injury	
9. UNDERTAKER 9. (Address)	com	24. Was disease or Injury In any way related to occupation of decease If so, specify	ed? 200
0. FILEO Oct 31, 1933 J.D.	Owos Registrar.	(Signed) Allerson Lucian	al M.D
If more bl	anks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLIAN V. B.			8
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago 1921 Run over by street car Chronic interstitial nephritis 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroentcritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

(Year)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
417704.517			
Other contributory causes of importance:	111111111111111111111111111111111111111	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

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Example I	i de la companya de l	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09985
1. PLACE OF DEATH	- GCP
County Caroline	Registration Dist. No. 62
Village or City Declaration (If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrmos	
(a) Residence: No. Panton	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male while OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) hire of	22. 1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 7 185	Mast saw have alive on OM 12 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
79 6 5 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER SLAWYER, BOOKKEEPER, etc	Data of onset
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) State or country)	Other Contributory Canses of importance:
220	
13. NAME 14. BIRTHPLACE (city or town) (Stata or country) (Stata or country)	Name of operation
8	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT SURO VI DI L'ELL ZVI (Address)	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date Oct 5, 19. 3.3	Manner of injury
19. UNDERTAKER 2. Mayel Mesor	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 10 - 14, 1933 Ins 10 Genge Registrar.	(Signed) Mula Million M. D. (Address) South M.D.

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	Example I		Example II	
The principal cause of death and related eauses Date of onset of importance were as follows:			The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MOV 4 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	rilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	WYIREAU V. S	July5,1927	Peritonitis	3 days ago
	Ł.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				<u> </u>

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, THI UNFADING INK—THIS IS A PERMANE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	- Pa
County Caroline	Registration Dist. No. 6
Village or City wear Chestmut Grave	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sosell Wordis	
(a) Residence: No. Federalsburg, Md. R.F. D	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Mare. 4. COLOR OR RACE OR DIVORCED (write the word) Marriad Marriad	21. DATE OF DEATH COLOR (Bay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie S. Waldis	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Selt, 10th 1878	1935, 10 (14) 33
6. DATE OF BIRTH (month, day, and year) Sept. 10-18 (0) 7. AGE Years Months Days If LESS than	I last saw PLAY alive on W.C.F., 1922; death is said to have occurred on the date stated above, at T. H.S.P.m.
55 8 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
9 Trade profession or particular	were actiollows:
kind of work done, as SPINNER, Farmer	Officers Aug/1803
9. Industry or business in which work was done, as SILK MILL,	followffy his Lrape.
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this)	0
year) august 1933 occupation MYE	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Caroline Co.	
(State or country) Md.	
13. NAME 50 seek Wardis 14. BIRTHPLACE (city or town) No data.	Mark
14. BIRTHPLACE (city or town) No Data. (State or country)	Name of operation / Date of
	What test confirmed diagnosist - (124 Was there an autopsy? 1/0
	23. If death was due to external causes (ViO/ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Carosine Co. (State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
17. INFORMANT Mrs Minnie S. Wardis, (Address) Federal Rura, Md. R.F. B.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place tederals burg, Ma Dete Oct. 23 1933	Nature of injury
19. UNDERTAKER 5. T. Framotom & Son (Address) Tedera 838sera Md	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Oct. 20", 1933 J. J. Fram Stom Registrar.	(Signed) With the Manual Manua
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i disease	Example II	- 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
101 101			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
5/			

should state of occupa-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

11	O	64	0	. 4.
U	J	J	0	1

1. PLACE OF DEATH	(31)	
County Caroline	Registration Dist. No. 6H	
Village or City Federal shura (I Langth of rasidenca in city or town where death occurred yrs, mo	NoSt.,St.	
2. FULL NAME Dr. George C. Were (a) Residence: No. Tederals Burg. Md	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and St MEDICAL CERTIFICATE OF DEATH	tate
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Nate Arried Arried	21. DATE OF DEATH Ctoser, 19"	193 3
5a. If married, widowad, or divorced HUSBAND of Mary R. Webb.	22. THEREBY CERTIFY, That I attended da	ceased from
6. DATE OF BIRTH (month, day, and yaar) Tel, 5th 1883 7. AGE Years Months Days if LESS than 1 day, hrs. or hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I last saw h sin aliva on Oet 18, 1933; to have occurred on the date stated above, at 1978 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	death is said Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and, year) 12. BIRTHPLACE (city or town)	Other Coutributory Causes of importanca:	hur 193 Lyco (R)
(State or country) Texas		
14. BIRTHPLACE (city or town) Yiema: (State or country)	Name of operation Data of What test confirmed diagnosis? Was there an aut	onew? To
15. MAIDEN NAME Mary Sane Mcarrister 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT Mrs. Mary R. Well (Addrass) Tederal Powers Md	23. If death was due to extarnal causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Vienna Md Date Oct 21st, 1933	Manner of injury	
19. UNDERTAKER 5. T. Framfatom & Son. (Address) Federals Burg Md	24. Was disease or injury in any way related to occupation of deceased? If so, spacify (Signed)	no
20. FILED OET. 20", 1923 5-5. Frank tom. Registrar. If more blanks are moded address State Parism	(Signed) (Addrass) Addrass) Addrass) Action N. Charles Street, Baltimore, Requesting U. S. No. 1.	M. D.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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(Address) ...

Registrar.

Date of enset

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BUREAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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